



Who is hospitalised for potentially preventable reasons?

Primary and community health care—for example, care from a general practitioner or community health nurse—can effectively manage and treat many health conditions. Primary care also provides an opportunity for early intervention, helping reduce the risk of a person developing a disease, their symptoms worsening, or complications developing. If this care is not available or not accessed, a person can end up requiring hospital care that could potentially have been avoided. Hospitalisations for a specific set of conditions are classified as ‘potentially preventable hospitalisations’.

For the first time, the AIHW has examined how rates of potentially preventable hospitalisations have varied over time depending on where a person lives and their circumstances, including how old they are, and whether they are male or female, Aboriginal and/or Torres Strait Islander, live in a lower socioeconomic area, or live in a more remote part of Australia.

Quick facts

- About 1 in every 15 hospitalisations in Australia is classified as potentially preventable.
- Overall and for men, chronic obstructive pulmonary disease is the most common reason for potentially preventable hospitalisations. For women, urinary tract infections are the leading cause.
- In recent years, there has been an increase in potentially preventable hospitalisations, largely driven by influenza.
- Older people, Indigenous Australians and people who live in remote or disadvantaged areas are more likely to be hospitalised for potentially preventable reasons.

Why measure potentially preventable hospitalisations?

Potentially preventable hospitalisations are often used as a proxy measure of the effectiveness of health care in the community, as higher rates may suggest a lack of timely, accessible and adequate primary care.

However, there are many other reasons why an area or group of people may have higher rates of potentially preventable hospitalisations—including higher rates of disease, lifestyle factors and other risks, as well as a genuine need for hospital services. Changes in the way health conditions are recorded, as well as differences in administrative practices, can also complicate the interpretation of potentially preventable hospitalisation rates.

This means that it is important not to assume that higher rates of potentially preventable hospitalisations always indicate a less effective primary care system. Rather, it can be helpful to look at how rates vary between different groups of people to better understand health inequalities.

How common are potentially preventable hospitalisations?

In 2017–18, 1 in every 15 hospitalisations (748,000, or 6.6% of all hospitalisations) were classified as potentially preventable. Overall, the most common reason for hospitalisation was chronic obstructive pulmonary disease (COPD), but vaccine-preventable pneumonia and influenza, and congestive cardiac failure accounted for the most days of hospital care, reflecting their tendency to affect elderly people who often require more complex or longer term care.

Males and females had similar rates of potentially preventable hospitalisations overall, but males had higher rates for conditions including COPD, congestive cardiac failure and type 2 diabetes, while females had higher rates for urinary tract infections (UTIs), asthma and hypertension.

Top 5 causes of potentially preventable hospitalisations

	Most hospitalisations	Most days of hospital care
Overall	COPD UTIs Dental conditions Cellulitis Iron deficiency anaemia	Pneumonia and influenza (vaccine preventable) Congestive cardiac failure COPD Diabetes complications UTIs
Males	COPD Cellulitis Dental conditions Congestive cardiac failure Diabetes complications	Congestive cardiac failure Pneumonia and influenza (vaccine preventable) COPD Diabetes complications Cellulitis
Females	UTIs Iron deficiency anaemia COPD Dental conditions Cellulitis	Pneumonia and influenza (vaccine preventable) COPD Congestive cardiac failure UTIs Cellulitis



Nearly half of all potentially preventable hospitalisations are for older people, mostly due to chronic conditions

In 2017–18, 46% of potentially preventable hospitalisations were for people aged 65 and over. Among this age group, the most common reasons for hospitalisation included COPD, congestive cardiac failure and urinary tract infections.

Among children aged 0–14, the most common reasons for potentially preventable hospitalisations were infections, dental conditions and asthma.



Indigenous Australians have high rates of potentially preventable hospitalisations

In 2017–18, there were nearly 45,000 potentially preventable hospitalisations of Indigenous Australians, at a rate of about 8,000 per 100,000 people—3 times as high as for other Australians (about 2,700 per 100,000). Between 2012–13 and 2017–18, rates for Indigenous females increased by 32%, compared with a 16% increase for Indigenous males.

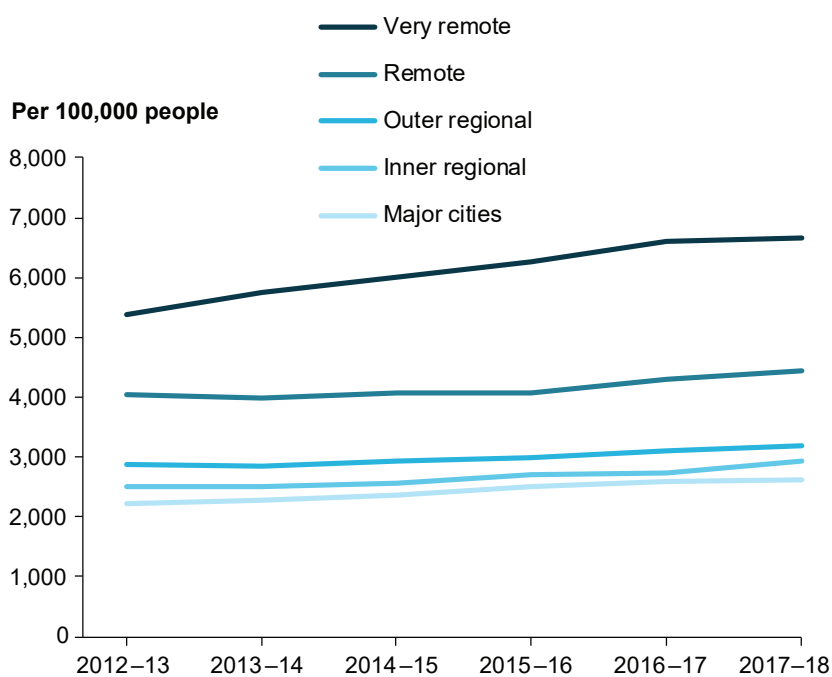
The 'health gap' may have widened for people living in remote areas and areas of socioeconomic disadvantage

Potentially preventable hospitalisation rates often increase with increasing remoteness and socioeconomic disadvantage. The gap between people living in *Very remote* areas and *Major cities* widened between 2012–13 and 2017–18 (Figure 1). Similarly, the gap between people living in the lowest and highest socioeconomic areas widened for a number of conditions.

More information

The full report *Disparities in potentially preventable hospitalisations across Australia, 2012–13 to 2017–18*, interactive graphs and data tables are available at <https://www.aihw.gov.au/reports/primary-health-care/disparities-in-potentially-preventable-hospitalisations-australia>.

Age-standardised rates of total potentially preventable hospitalisations, by remoteness area, 2012–13 to 2017–18



Source: AIHW National Hospital Morbidity Database.